



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Joseph Saffa

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Medicare Provider Number: 153028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$78522220
Outpatient Patient Service Revenue	\$19839615
Total Gross Patient Service Revenue	\$98361835

2. Deductions From Revenue

Contractual Allowance	\$57273280
Other Deductions	\$655723
Total Deductions	\$57929003

3. Total Operating Revenue

Net Patient Service Revenue	\$40432833
Other Operating Revenue	\$1917616
Total Operating Revenue	\$42350449

4. Operating Expenses

Salaries and Wages	\$20847131	Employee Benefits	\$7277416
Depreciation and Amortization	\$1658237	Interest Expense	\$511485
Bad Debt	\$1954011	Other Expenses	\$9304391
Total Operating Expenses	\$41552671		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$797777	Total Assets	\$29643344
Net Non-operating Gains over Loss	\$188074	Total Liabilities	\$17800379

Total Net Gains	\$985851
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42062441	\$32700016.00	\$9362425
Medicaid	\$18778064	\$9031594.00	\$9746470
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$37521330	\$16196733	\$21324597
Total	\$98361835	\$57928343	\$40433492

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$7997	\$-7997

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$86623	\$-86623

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$111321	\$238498	\$-127177
Hospital Patients	\$14320	\$21852	\$-7532
Community Education	\$0	\$34614	\$-34614

Number of Medical Professionals Trained	3
Number of Hospital Patients Educated	238
Number of Citizens Exposed to Health Education Messages	350

Statement Six: Charity Statement

Hospital Charity Charges	\$655723
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$248827	
HCI Payments	\$0		
Subtotal	\$0	\$248827	\$-248827
Medicaid Shortfalls	\$1804365	\$2742516	
Subtotal	\$1804365	\$2991343	\$-1186978
DSH Payments	\$0		
Subtotal	\$1804365	\$2991343	\$-1186978
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1804365	\$2991343	\$-1186978

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$125641	\$389584	\$-263943
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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